2011 ELECTION CYCLE

REPORT OF RECEIP S AND DISBURSEMENTS 2011 Elections

D)_	Delbert Bosemann SECRETARY OF STATE
	JAN 1 2 2012
8	LECTIONS DIVISION CRETARY OF STATE

Name of Candida Address Telephone Office Sought **Email Address** Check here if above is different from previous report May 10, 2011 Periodic Report (January 1, 2011, through April 30, 2011) Mandatory Mandatory June 10, 2011 Periodic Report (May 1, 2011, through May 31, 2011) July 8, 2011 Periodic Report (June 1, 2011, through June 30, 2011) Mandatory July 26, 2011 Pre-Election Report (July 1, 2011, through July 23, 2011) August 16, 2011 Pre-Election Report (July 24, 2011, through August 13, 2011) Runoff Candidates Only October 10, 2011 Periodic Report (July 1, 2011, through September 30, 2011) November 1, 2011 Pre-Election Report (October 1, 2011, through October 29, 2011) November 22, 2011 Pre-Election Report (October 30, 2011, through November 19, 2011)........Runoff Candidates Only January 10, 2012 Periodic Report (October 1, 2011, through December 31, 2011) Termination Report (Candidate will no longer accept contributions or make Campaign expenditures and has no outstanding campaign debt obligation) IMPORTANT (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period. (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii). (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable. REPORTED CONTRIBUTIONS AND DISBURSEMENTS Calendar This Period Non-Itemized Itemized Year-To-Date

Total amount of contributions Total amount of disbursements \$ 510,00 Total amount of cash on hand and to the best of my knowledge and belief it is true, accurate, and complete. I certify that I have examined this rep Signature of Candidate

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirement.

Penalties: Fallure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and / or prosecution in accordance with Miss. Code Ann. §§ 23-15-8-11 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-576-2545.

2. Candidates for county wide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Cor	nmittee De	avid W. M	yees
Reporting period Oct	1 2011	through Dec	31 2011
Troporting post-	ITEM	IZED RE	CFIPT

A. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)	- VOIBINT	\$ 1250,00
HEVAC Mailing Address		\$
Olty, State, Zip Code Alball Pack T1 80084	- [, _, _	\$
Abboth Park 72 80009 Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ 250,00
B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u></u>	\$ [250,00
Malling Address 1701 SFK Boulevard		\$
City, State, Zip Code		\$
Philadelphia PH 19103 Name of Employer (Required)	- [,[,	\$
Occupation (Required)	Aggregate year-to-date	\$ 250,00
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	$ \square_I \square_I \square$	\$
Mailing Address		\$
City, State, Zip Code		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$
D. Source: Corporation PAO Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name		\$
Mailing Address		\$
City, State, Zip Code		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$